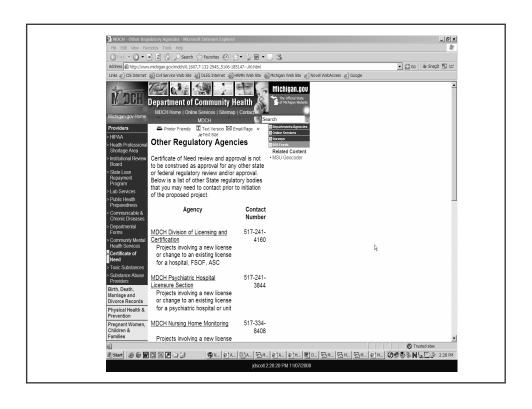
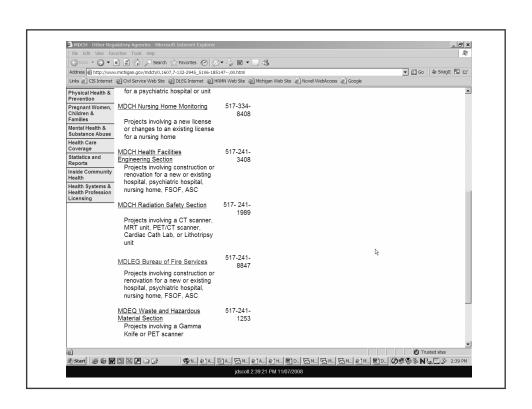
AFTER THE CON...

What do I do next?

October 27, 2009

- James D. Scott
- Kim Osborn
- Thomas Owens
- Alice B. Turner
- Kenneth T. Longton





Health Facilities Engineering Section









2007 Minimum Design Standards For Healthcare Facilities In Michigan

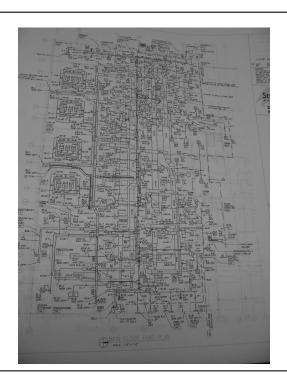
May 1, 2007

What to Submit to HFES



- Application
- Sealed Drawings
- Fee (in the form of a check)
- **■** Operational Narrative
- * Project will not be reviewed until all of the above items have been submitted.

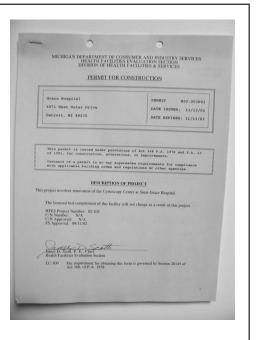
Print Form Heal	th Facilities Engli 320	Wichigan Deports neering Sect 5. Walnut Street- Lansing, MI 4	ent of Community Hec- ion - APPLICATI Levis Cass Building - 3 5913 - (517) 241-3403	inh ON FOR PLA [™] Floor	AN REVIEW	L 368 of 1978 as amended V	
raung name.			AMINI.				
Otty:			State:	County:	1	Zlo Code:	
Project Description:							
MAIsh samion of		Certificate o	f Need Information		Plan Review Fee		
(Please Check)	Which version of the <u>Minimum</u> <u>Design Standards</u> was used: 2007 Standards	Cons This Proint of Need? If Yes: CON #:	□ NO	0		\$ \$	
- Home for the Aged - Hospice Residence - Other	1998 Standards	Date Approve			the Fee Sci	\$ hedule below ↓	
Sub	mittal Requirements		REQUIRED PL (Rounded off to	AN REVIEW FEE	E \$		
Please verify ALL of these fares are included in your submittal incompates submitted will dairy plan review, Application for Plan Terries Application for Plan Terries Continued any plan Terries Continued and Terries Continued Co			Circuits the amount of your point value to be based on the ESTIMATED CARRY (and point value) and point value to be based on the ESTIMATED CARRY (and point value date and the somewhere of the project based on the than bedue and the project based on the project ba				
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County:	Telephone:		Fac:		Address:		
		[For int	ernai Use Only]				
Date Chack Received:		Check #			heck Amount		
Brill Ansignment: Prease Mail the Application if operational narrative to the a Photocopies are acceptable Hamiltonia (Inneed Syright)	or Plan Review, your che iddress listed on top. A w You can obtain a copy o	ox made payable to ord processing rep fithis form by visiti	the STATE OF MICHI reduction of this form is	AN, one set of ora acceptable if it is n	awings, specific fidentical in for nichigan govitre	cations, and an mat and content.	





The Health Facility Engineering Section (HFES) reviews the design and construction of healthcare facilities to ensure that safe, efficient, and effective delivery of healthcare is supported.

A construction permit is issued for hospitals, FSOF, nursing homes, and ESRD facilities based on submittal of contract documents that substantially comply with the Minimum Design Standards for Health Care Facilities in Michigan.



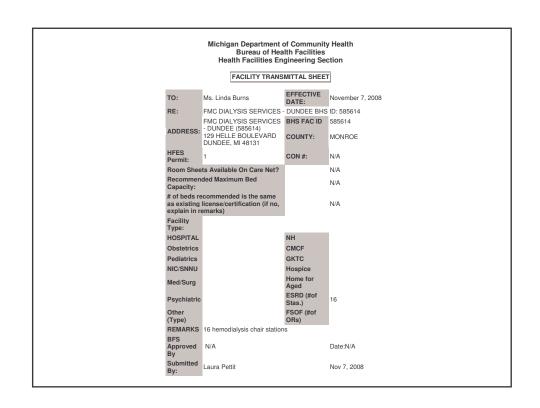










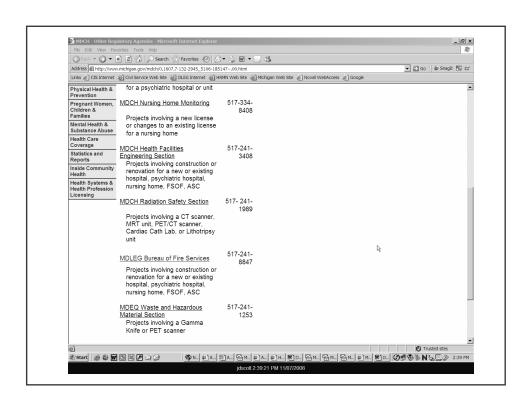


How to Contact HFES

■ Phone: 517 241-3408

■ Fax: 517 241-3423

■ Web: <u>www.michigan.gov/hfes</u>



Bureau of Fire Services Dept of Energy Labor & Economic Growth

Dept of Energy Labor & Economic Growth Bureau of Fire Services

- Regulated Facilities: Hospitals, Nursing Homes, Hospice Residence, Freestanding Outpatient Facilities, Ambulatory Surgical Centers
- Plan Review and Inspection for occupancy
- Annual Licensure Inspections
- Certification for Medicare/Medicaid surveys

DELEG/Bureau of Fire Services

- 2009 Administrative Rules For Health Care Facilities Fire Safety
- Effective July 28, 2009
- Adopts the 2006 NFPA LSC 101, with Michigan amendments
- www.michigan.gov/bfs



Bureau of Fire Services

STATE FIRE SAFETY BOARD (By authority conferred on the bureau of fire services by section 3c of 1941 PA 207, MCL 29.3c, and ERO 2008-4, MCL 445.2025) PART 1. GENERAL PROVISIONS

DEPARTMENT OF ENERGY, LABOR & BCONOMIC GROWTH

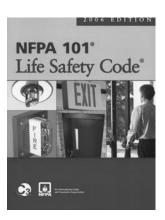
R 29.1801 Applicability.
Rule 1. (1) These rules apply to all of the following new and
existing
health care and mental health care facilities.
(a) Presentanting surgical outpatient facilities.
(b) Hospitals.
(c) Hursting heapen and the state of the sta tne purpose of these rules.

History: 2001 AACS; 2009 MR 10, Bff. July 28, 2009.

R 29.1802 Life safety code; adoption by reference; access to Michigan

38, 39, and 43 of the national fire protection association (NFPA) standard no. 101, 2006 edition, entitled "Life Safety Code," referred to in

chese cules as "code," are adopted by reference as part of these rules.



www.nfpa.org

Project Submittal to BFS

- Application for Fire Safety Plan Examination (BFS-979)
- Architectural drawings signed and sealed by an architect or professional engineer licensed in the SOM.
- Specifications on disk
- Fee (payable to SOM)

BFS Application

,	Michigan Department of E Bureau Plan R P.O Lansi	e Safety Plan Examination nergy, Labor & Economic Growth of Pire Services loview Division . 5ox 36700 rg, MI 46909 77, 241-8847	Agency Lise Only			
Authority 1541 FA 207 Completon Voluntary Penathy Project and not be review	The Constituted of Francy I	Jacon S Economic Growth will not discriminate as right, color, marchal status, dissolet, or political to right self-Dissolities Act, sou may make your	and any individual or group because of race siefs. If you need help with reading, unting, seeks income to this season.			
Note: The architect / engineer / certified fi						
Project Description						
Facility Name	Street/Site Addres	1	Fire Department (REQUIRED)			
City or village in which facility is located City Willage Of		County	Zip Code			
Estimated Project Cost (REQUIRED): (All Facilities - See Back)		Fee Submitted				
Project Description (Type of work: Additi	to Remoder MITC de La		scen			
Review Requested Till Construction Plans / Specs	Review(Inspection	raject to be Reviewed Review/Inspection	Building Data			
Consultation "Address Tabletine e Goden Selection e Goden State Para Para Para Para Para Para Para Par	Fee REGURED ** College I University (255) College I University (255) Poperatory (255) Place I ASC (257) Hospital (257) Hospital (257) Charles Schools (255) Charles Schools (255) Sile Plan (public or of Penal Institutions **	Fee BOT Required Adult Fisher Care [7-742 [13-20] [Change of Licenses (207) [Murring Home [CMCF]	Your AIAPE Job 8: No. of Stories (including basement) Sprinklers:			
* See back - Miscellaneous Instructions						
* See back - Miscellaneous Instructions Facility Contact Person						
Facility Contact Person Natre City		Vidiness Telephone (Including Area Code)	Fax (Including Area Code)			
Facility Contact Person Name City Assistant / Engineer / Certified Firm	State Zip Code	Telephone (Including Area Code)				
Facility Contact Person Natre City	State Zip Code					

	ation for Fire Safety Plan Examination				
 All submittals must be accompanied by an Application for Fire Safet Provide all received information. 					
-An "n/a" designation is helpful for areas where information of	does not pertain to the project.				
- Only ONE set of construction documents or related specification dra	reings is required. or professional engineer licensed in the State of Midbigan as required by 1990 PK 25				
Fire Suppression and fire alarm stop drawings and consustations as Act 144 perified firms shall provide the certification number issued by					
- All fees are due upon submittal (polleges, hospitals, universities, do	mitories, schools, charter, schools, hospice residences, FSOF/ ASC, and penal				
institutions submitted by a non-state agency).					
"Fees are applicable on construction documents, fre alarm	n, door looking, sprinkler, hood suppression, and clean append suppression system sho				
drawings in colleges, domitories, free-standing outpatient hospice residences, and penal institutions (submitted by a	facilities lambulatory surgical penters, hospitals, universities, schools, charter schools non-state agencyl.				
Fees are not assessed for any other type of facilities, incl.	using penal institutions when submitted by a state agency.				
- All floor plans shall indicate exit locations, identify all room uses, and	d sprinkler coverage, if any				
 Furnish approved design numbers of all fire related assemblies. Chances to previously reviewed drawings must be specifically brough 	all to an extending for each or sent assessment.				
 Changes to previously reviewed crawings must be specifically broug Submit a separate check or money order for each project oxyable t 	gret to our attention for review and comment. In the State of Michigan				
 Health Care Project: When applicable, identify the area(x) occupies hearen. 	d by ambulatory non-ambulatory patients, outpatients, and location of all smoke				
	ation. All correspondence will be sent to this e-mail address and this entity will be				
	project will not be sent to our field office and inspections will not take place unt				
all fees have been paid.					
	"Fee Schedule				
p	universities, domnitories, schools, charter schools, hospice residences, and renal institutions**)				
Project Cost Range \$131,000.00 or less	East Minimum See of \$155.00				
\$101,000,00 or sets \$101,001,00 to 1,500,000,00	\$1.00 per \$1.000.00				
\$1,500,001,00 to 10,000,000,00	\$1.30 per \$1.000.00				
\$10,000,001.00 or more	\$1.10 per \$1,000.00 - Maximum fee \$60,000				
Estimated Project Cost (if original plans/specs): The Project Cost "fixed". "Fixed" equipment is defined as equipment necessary to the op- switchness, elevators, generators, modelar ossenors, etc. If labor is be	includes all costs associated with the project other than the cost of equipment that is a easton of the building, including but not limited for air handlers, boilers, chillers, elects into remarked for the remark the next of the latter shall be included.				
Mise	relianeous Instructions				
- Hood suppression systems shall be reviewed and billed individ	haally.				
 Review of recollications, addends, and bulletins shall be billed \$155 at \$50.00 per hour. 	.00 for application with a one-hour review. All review time after first hour is to be billed				
Plan review consultation has a flat fee of \$155.00. Modification Requests are defined as a request to a modification of a	a rule or section of the code				
Project Description: Please indicate floor or work site to assist in ide	ntifying the project location, as well as:				
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The architect or engineer's project number	26 26 3				
The architect or engineer's project number Square flootage of ever building, addition, remodeling, etc. Square flootage of an existing building.					
The architect or engineer's project number Square footage of ear building, addition, remodeling, etc. Square footage of an existing building. Project Scope (prescription of project)	s. In the form, please write in your request.				
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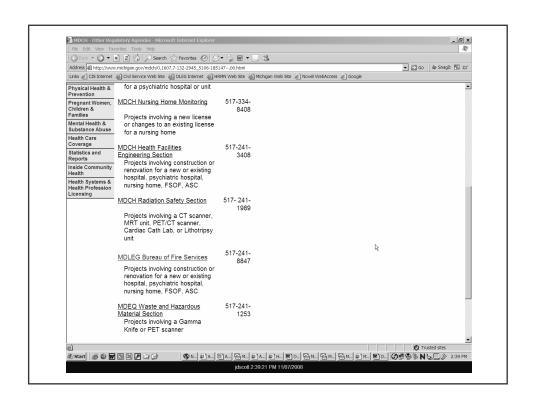
How to Contact BFS



■ Telephone: (517) 241-8847

■ Fax: (517) 335-4061

■ Web: <u>www.michigan.gov/bfs</u>



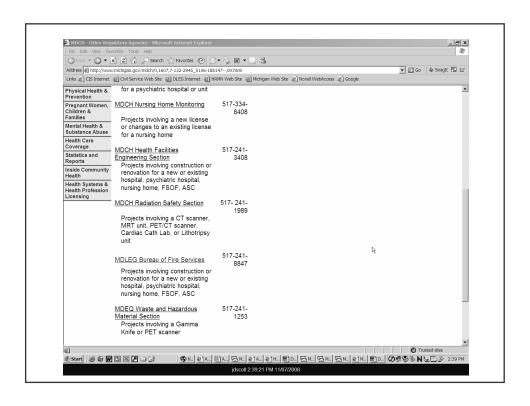
Radiation Safety Section

How to Contact RSS

■ Phone: 517 241-1989

■ Fax: 517 241-1981

■ Web: <u>www.michigan.gov/rss</u>



Division of Nursing Home Monitoring

AFTER THE CON...

ALICE TURNER MPH, BSN
DIRECTOR
DIVISION OF NURSING
HOME MONITORING

YOU WILL NEED:

- THE FIRE SAFETY APPROVAL AND...
- THE ENGINEERS APPROVAL...
- NOW YOU ARE READY FOR NURSING HOME MONITORING...

INITIAL LICENSURE AND CERTIFICATION REQUIRES THE COMPLETION OF FORMS AT:

- www.michigan.gov/mdch/0,1607,7-132-27417 27655 27662-123851--00.html
- Applicants can also receive CMS documents for Medicare/Medicaid Certification at
- http://www.cms.hhs.gov/forms/

- All of these forms must be completed before an onsite visit will be performed.
- The onsite visit will include a tour of all resident care areas.
- The resident care areas must have all policy and procedure manuals in place.
- All necessary supplies to provide care should be in place.

NO RESIDENTS CAN BE ADMITTED YET!

- AFTER THE INITIAL LICENSURE SURVEY YOU MUST PAY FOR AND OBTAIN A LICENSE.
- YOU CANNOT BRING YOUR PAYMENT TO LANSING AND RECEIVE YOUR LICENSE IMMEDIATELY.

ADMITTING RESIDENTS!

- YOU MUST RECEIVE YOUR LICENSE
 BEFORE CALLING THE LICENSING OFFICER
 FOR PERMISSION TO ADMIT RESIDENTS.
- AFTER 5-10 RESIDENTS ARE ADMITTED THE ADMINISTRATOR MUST CALL FOR A SURVEY TO REVIEW THE FUNCTIONING OPERATION OF THE NURSING HOME.

REMEMBER:

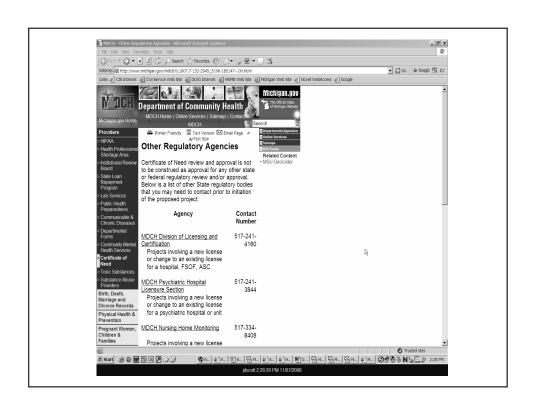
- THIS IS NOT A CERTIFICATION SURVEY UNLESS CMS GIVES THE STATE PERMISSION TO PERFORM A CERTIFICATION REVIEW AS WELL, PER THE S & C MEMO 08-03, DATED NOVEMBER 2007.
- A CERTIFICATION SURVEY WHEN COMPLETED ALSO REQUIRES AN INITIAL FIRE SAFETY SURVEY.

IF YOU HAVE QUESTIONS:

- FOR QUESTIONS ON YOUR LICENSE:
- CALL CINDY LANDIS
- **517-334-8419**
- FOR MDS QUESTIONS:
- CALL SHEILA BONAM
- **313 456-0309**

OFFICE PHONE NUMBERS

- **LANSING OFFICE 517-334-8408**
- **DETROIT OFFICE 313 456-0340**
- **GAYLORD OFFICE 989-732-8062**



Division of Licensing & Certification

Division of Licensing & Certification

■ CoN approval affects the process for licensing of:

Hospitals-new facilities, swing bed issues, total bed changes/transfers, change of ownership, etc.

Freestanding Surgical Outpatient
Facilities-new, change of ownership,
relocation, etc.

Division of Licensing & Certification

■ CoN approval also affects the process for licensing of:

Hospice Residence that are long term care programs- new, change of ownership

Psychiatric Inpatient programs

Division of Licensing & Certification

■ CoN is *not* needed for:

Hospice, Home Health Agencies, Outpatient Physical Therapy, Comprehensive Outpatient Rehab Facility, Portable X-Ray, Clinical Laboratory, Substance Abuse Programs, End Stage Renal Dialysis, Psychiatric Partial Hospitalization, Hospice Residence that are not LTC based

How to Contact L & C

- Ken Longton 517. 241.1437
- Richard Benson 517.241.2640
- Linda Burns 517.241.4160
- Fax: 517. 241.3354

